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POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Application Number		10/815,995
		Filing Date		April 2, 2004
		First Named Inventor		SELLERS
		Title	Therapeutic and diagnostic methods	
			dependent on CYP2A enzymes	
		Art Unit		1614
Examiner Name		Unassigned		
Attorney Docket No.		62805.000041		

I hereby appoint::

Practitioners associated with the
CUSTOMER NUMBER:**21967**

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:			
<input type="checkbox"/>	Applicant/Inventor.		
<input checked="" type="checkbox"/>	Attorney of Record		
SIGNATURE of Applicant or Assignee of Record			
Signature	<i>Rodger Tate</i>	Date	Oct 27, 2004
Typed or Printed Name	Rodger Tate	Telephone	202 419 2069
Title and Company	Reg. No. 27,399, Hunton & Williams		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input checked="" type="checkbox"/>	*Total of <u>1</u> forms are submitted.		